

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		2					55				
6		2					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11							61				
12							62				
13							63				
14	/						64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		2					69				
20		2					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		2					83				
34		2					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	14	4					TOTAL DEP.				
TOTAL CLAIMS	47	4					TOTAL CLAIMS				